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Mar 1, 2007

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FCC Public Comments 445 12th Street SW Washington, DC 20554

Federal Communications Commission
Office of the Secretary

As a consumer interested in protecting competition, innovation, and legitimate use of cable TV content, I urge you to refuse requests for waivers of 47 CFR 76.1204(a)(1) by NCTA, Charter, Verizon, and all other cable providers. The FCC's integration ban, which in effect requires cable companies to integrate CableCARDs into their own set-top boxes, remains good policy today.

Now ten years after the Telecommunications Act of 1996, cable companies have dragged their feet long enough on competitive alternatives to proprietary set-top boxes, thus hampering innovation and harming consumers. The integration ban will also help market competition prevent further restrictions on cable subscribers' ability to make legitimate use of recorded content.

By adopting content protection limits (encoding rules) in docket no. 97-80, the Commission recognized the importance of allowing consumers to make certain uses of TV content, regardless of a particular cable provider's or copyright holder's wishes. With competition spurred on by the integration ban, consumers would have the freedom to choose the least restrictive cable-compatible device available. The CableCARD standard already prescribes restrictions that harm consumers by limiting non-infringing uses, and such restrictions will yet even worse if cable providers' set-top boxes are unchecked by competition.

Please refuse requests for waivers of 47 CFR 76.1204(a)(1).

Sincerely,

Chris Ingram 244 Valley Ridge Dr Roswell, GA 30075-4832

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FOR CHRIS INGRAM

| IC Number: | 07-10276086 | Case Type: | *************************************** | |
|--|--|--|--|--|
| Date Received: | 02/28/2007 | Complainant: | Chris Ingram | |
| Date Entered: | 05/08/2007 | Date Assigned: | 05/08/2007 | |
| Entered By: | PORTALSV1 | Date Reassigned: | 100,00,2001 | |
| Assigned To: | Judy Camel/FCCIN | Service Date: | | |
| Date Closed: | | Response Date: | | |
| Closed By: | <u> </u> | Original Analyst: | | |
| Close Letter Needed? | ● Yes ○ No | Purged By: | Purged Date: | |
| | | Removed By: | Removed Date: | |
| Supervisor Check: | ○ Yes ● No | Indecency Referral Code: | | |
| Complaint Summary | r: | | | |
| Apparent Carrier(s): Yes<<< Check h | notreit | Wireline and Wireless carrier: | | |
| Apparent Carrier(s): Yes<<< Check h | notreit | Wireline and Wireless carrier: | samennamentammentammente et e | |
| Problem Number: Title: None | If you wish to serve both a | Middle Initial: | Last Name: Ingram | |
| Apparent Carrier(s): Yes<<< Check here Problem Number: Title: None Contact Name: | First Name: Chris Chris Ingram | Middle Initial: Best Time to Call: | | |
| Apparent Carrier(s): Yes<< Check in Problem Number: Title: None Contact Name: Contact Number: | If you wish to serve both a | Middle Initial: | - | |
| Apparent Carrier(s): Yes<<< Check h Problem Number: | First Name: Chris Chris Ingram | Middle Initial: Best Time to Call: Consumer's Telephone Numb | | |
| Apparent Carrier(s): Yes<<< Check in Problem Number: Title: None Contact Name: Contact Number: Fax Number: | First Name: Chris Chris Ingram | Middle Initial: Best Time to Call: Consumer's Telephone Numb TTY Number: | | |
| Apparent Carrier(\$): Yes<<< Check in Problem Number: Title: None Contact Name: Contact Number: Fax Number: Email Address: | First Name: Chris Chris Ingram | Middle Initial: Best Time to Call: Consumer's Telephone Number: Internet Address: | per: Ext. | |
| Apparent Carrier(s): Yes<<< Check in Problem Number: Title: None Contact Name: Contact Number: Fax Number: Email Address: PO Box: | First Name: Chris Chris Ingram | Middle Initial: Best Time to Call: Consumer's Telephone Number: Internet Address: Address: | per: Ext. 244 Valley Ridge Dr | |
| Apparent Carrier(s): Yes<< Check in Problem Number: Title: None Contact Name: Contact Number: Fax Number: Email Address: PO Box: City: On Behalf Of: Company Name: | First Name: Chris Chris Ingram | Middle Initial: Best Time to Call: Consumer's Telephone Number: Internet Address: Address: State: CA | oer: Ext. 244 Valley Ridge Dr Zip: 30075 | |
| Apparent Carrier(s): Yes<<< Check in Problem Number: Title: None Contact Name: Contact Number: Fax Number: Email Address: PO Box: City: On Behalf Of: Company Name: Party's Name: | First Name: Chris Chris Ingram Ext. Roswell | Middle Initial: Best Time to Call: Consumer's Telephone Number: Internet Address: Address: State: CA Relationship with the PO Box: Address: | oer: Ext. 244 Valley Ridge Dr Zip: 30075 | |
| Apparent Carrier(s): Yes<<< Check in Problem Number: Title: None Contact Name: Contact Number: Fax Number: Email Address: PO Box: City: On Behalf Of: Company Name: Party's Name: Party's Contact Number: | First Name: Chris Chris Ingram Ext. Roswell | Middle Initial: Best Time to Call: Consumer's Telephone Number: Internet Address: Address: State: CA Relationship with the | oer: Ext. 244 Valley Ridge Dr Zip: 30075 | |
| Apparent Carrier(s): Yes<<< Check in Problem Number: Title: None Contact Name: Contact Number: Fax Number: Email Address: PO Box: City: On Behalf Of: Company Name: Party's Name: Party's Contact Number: Other Party that contact Number: | First Name: Chris Chris Ingram Ext. Roswell | Middle Initial: Best Time to Call: Consumer's Telephone Numbrity Number: Internet Address: Address: State: CA Relationship with the PO Box: Address: City:State:Zip: | oer: Ext. 244 Valley Ridge Dr Zip: 30075 | |
| Apparent Carrier(s): Yes<<< Check in Problem Number: Title: None Contact Name: Contact Number: Fax Number: Email Address: PO Box: City: | First Name: Chris Chris Ingram Ext. Roswell | Middle Initial: Best Time to Call: Consumer's Telephone Number: Internet Address: Address: State: CA Relationship with the PO Box: Address: | oer: Ext. 244 Valley Ridge Dr Zip: 30075 | |

Have you paid any of the disputed charges?
Did Me company billing for these charges adjust or refund some or all of the disputed charges?

If yes, what was the amount of the adjustment or refund?

b. Telephone number for the carrier(s) or company(ies) involved

Phone: Ext:

with your complaint including area code:
c. Which type of service is involved with your complaint:

| 1. the telephone number of the I | Ext | | | |
|--|--|--|--|--|
| a description of the telemarke identification of the compar phone numbers that were in 4. the "opt-out" number(s) provi (List number(s) given in the cadditional calls or faxes.) Have you: (a) purchased any (b) made an inquiry or applicy you the call or fax? If so, pleat (1) Date of Program: Time of Program: Network: | ded in the call(s) or on the fax(es): call(s) or fax(es) for you to wntact thing from the company being adv ation to that company: or (c) given ase describe and state when you h uency of the station on which you am Was Viewed: | or unsolicited fax, including an e being advertised, and any if you do not want to receive any ertised in the call or fax; wnsent to the company to send ad such contact with the company | Ext: | at: |
| Correspondence Type: | ○ Complaint ○ Inquiry | Source Code: | | |
| Apparent Carrier(s): | | Re-Serve Carrier(s): | E | |
| Responding Carrier(s): | | Assigned Subject Code: | | |
| Activity Code: | Direct | Assigned Code Acronym: Sub-Category: | 7 | |
| Final Responsible Party: | | Additional Sub-Category: | 5 | |
| Copy of Response Sent to Consumer by Carrier? | O Yes O NO | | | |
| Mediation with Carrier/Complainant?: | O Yes O NO | Response Type: | | |
| Referral Information Date Referred: Referred To: | Agency Name(s) : | Company Name(s) : | | Consumer Referral Letter Agency Refe Indecent - R |
| | | THE SAME OF THE SA | wiedgement at Diemiesa Information | Create TC TFAX E |

DNC - Enforcement

DNC - Exemption Non DNC - More information TFAX More

TCPA Informationfrom 475

| Actionable Case: | O Actionable | ■ Nonac | ctionable | | | | |
|---|---|---------|--|--|--|--|--|
| DNC Enforcement Letter Generated? | O Yes ● No | ○ Yes | TFAX Enforcement Letter Generated? | | | | |
| DNC More Info Letter Generated? | O Yes ● No | ○ Yes | ■ No TFAX Exemption Letter Generated? | | | | |
| DNC Exemption Letter Generated? | O Yes ● No | ○Yes | s ● Nc ⊤TFAX More Info Letter Generated? | | | | |
| Non DNC More Info Letter Generated? CYes No | | | | | | | |
| Deferment Information Date Deferred: | | Reason: | n: None | | | | |
| Date UnDeferred: | | | | | | | |
| Extension Information: | | | | | | | |
| Extension Requested: Yes No | | | | | | | |
| Extension Granted: Yes • No | | | | | | | |
| SERVE INFORMATION COMMENTS | | | | | | | |
| Comment History: | | | | | | | |
| DOCUMENT HISTORY | | | | | | | |
| Created by OSCARServer | 0.0000100000000000000000000000000000000 | Date | 05/08/2007 03:41 PM | | | | |
| Last Edited by | | Date | | | | | |